Effective on 12 Fees pursuant to the Consolidated App	Complete if Known								
FEE TRANS	Application Nu	ımber	10/534,731						
	Filing Date		5/12/2005						
For FY 2008			First Named In	ventor	Shigeru O	kaniwa			
Applicant claims small entity	Examiner Nam	ıe	Megha Mehta						
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Art Unit		4116				
TOTAL AMOUNT OF PAYME	Attorney Dock	et	5486 - 051	342					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
<del></del>			ll Entity						
Application Type Fee (\$)	<u>Fee (\$)</u>			<u>e (\$)</u>	<u>Fee (\$)</u>		Fees P	aid (\$)	
Utility 310	75			10	105		<del></del>		
Design 210	105	100	50 1.	30	65		<b>D</b>		
Plant 210	105	310	155	60	80				
Reissue 310	155	510	255 65	20	310				
Provisional 210	105	0	0	0	0				
2. EXCESS CLAIM FEES								Small Entity	
							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 50							25		
Each independent claim over 3 (including Reissues)  Multiple dependent claims							210 370	105 185	
Total Claims - 20 or HP	S) Fee Pa	id (\$)		M		ependent Claims			
Total Claims - 20 of III	Extra Clai	X X	=	<u>u (u)</u>			Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								444	
Indep. Claims - 3 or HP		Extra Claims Fee (\$) =			Fee Paid (\$)				
HP = highest number of independent									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
- 100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)	
Other (e.g., late filing surcharge): One-Month Petition for Extension of Time								120.00	
SUBMITTED BY		$\rightarrow$	D-ni-tt'	n NI-					
Signature Registration No. (Attorney/Agent) 55,739 Telephone 412-471-8815								471-8815	
Name (Print/Type) Thomas C. Wolski Date April 28, 2008								1 28, 2008	